# 206000035667

(Re	questor's Name)	-
(Ad	ldress)	
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2018 MAR 29 PM 2: 45 SECRETARY OF STATE

S. WARREN MAR 3 0 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pafael Patale.  Name of Person
N&K angineering LLC
10970 Sw 210 Street
Miami Fl 33165  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Page Bottle at 305 322-9652  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$\$ Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N&K Eng	Liability Company as it now appears on Florida Limited Liability Company)	
(Name of the Limited	Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the NEK Prope		nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	- <del></del>	<del></del>
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg		•
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my red agent as provided for in Chap gistered office address, I hereby co	duties, and I am function with and oter 605, F.S. Or, I this decument is onfirm that the limited liability
	If Changing Registered Agent,	Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nnager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
		<del>-</del>	Add
			□ Remove
			Change
			Change
		<del> </del>	Add
			Remove
			Change
			Add
			Remove  A C : 201  A :
		·	SECRITION DA Remove SECRITION DA REMOVE ALLAHASSEE, FLONIDA
			Cr. Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if r	·	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:0 b) The 90th day after the record is filed.	this date will not be li	isted as th
Dated <u>Harch</u> 23, 2018.	2018 TALL	
Signature of a member or authorized representative of a member  20 Pacl Bafulo  Translation of a member	MAR 29	FILED
Typed or printed name of signee  Page 3 of 3	PM 2: 45 Or & TAIL C. FLORIDA	ED

Filing Fee: \$25.00